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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit	: 2816	**Customer No.: 26794**
Examiner	: Kenneth B. Wells	
Serial No.	: 10/648,022	Confirmation No.: 3501
Filed	: August 26, 2003	
Inventors	: Christopher N. Brindle	Docket No.: 17987 [TYC-02-1522R]
Title	: SERIES/SHUNT SWITCH	
	: AND METHOD OF CONTROL	Dated: May 5, 2005

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Certificate of Mailing Under 37 CFR 1.8

For

Postcards (2)
After-Final Amendment Transmittal, in duplicate
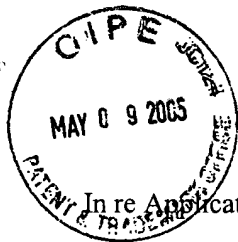After-Final Amendment

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the **Mail Stop AF**, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney
or Registered Representative:

DLA Piper Rudnick Gray Cary US LLP

By: _____

Date: _____5·5·05_____

Attorney Docket No.: 17987

In re Application of Christopher N. Brindle

Serial No.:   10/648,022

Filed: August 26, 2003

For: SERIES/SHUNT SWITCH AND METHOD OF CONTROL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

_ Small entity status of this application under 37 CFR §1.9 and §1.27 has been
established.

_ A verified statement to establish small entity status under 37 CFR §1.9 and §1.27
is enclosed.

X No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NO. PRE- VIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY RATE	ADD'L FEE	OR	OTHER THAN SMALL ENTITY RATE	ADD'L FEE
TOTAL	* 13	-	** 23=	0	x 25 =	$		x50 =	$
INDEP.	* 5	-	** 6=	0	X 100 =	$		x 200 =	$
Application Size Fee						$		x250=	$
First Presentation of Multiple Dependent Claim					+180=	$		+360=	$

TOTAL ADDITIONAL FEE $_____   OR $ 0

*   If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
**   If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20,
        write "20" in this space.
***   If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

  _   Please charge my Deposit Account No. 50-2719 in the amount of $_____.
A duplicate copy of this sheet is enclosed.

  _   A check in the amount of $_____ is attached.

  _   The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.

  <u>x</u>   Any filing fees under 37 CFR §1.16 for the presentation of extra claims.

  <u>x</u>   Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

Respectfully submitted,

Darius C. Gambino
Reg. No. 41,472
Attorney for Applicant(s)

DCG:ers
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